



# State of New Jersey

DEPARTMENT OF AGRICULTURE  
Division of Food & Nutrition  
PO Box 334  
TRENTON NJ 08625-0334

PHILIP D. MURPHY  
Governor

DOUGLAS H. FISHER  
Secretary

SHEILA Y. OLIVER  
Lt. Governor



## NEW JERSEY APPLICATION WORKSHEET FOR THE FRESH FRUIT AND VEGETABLE PROGRAM 2023 – 2024

School Building/Site Name:
Name of Local Education Agency (LEA)/District:

**-Is your School anticipating an enrollment increase of 50 students or more for 2023-2024?**

Yes          No

If yes, what is your estimated 2023-2024 enrollment increase?
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**-Is your School anticipating any changes in grade levels such as redistricting?**

Yes          No

If yes, please describe?
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**-Person to Coordinate the FFVP** *(Cannot be from Food Service!! Coordinator Must be from School.)*

FFVP Coordinator Name:
FFVP Coordinator Email:

### **-School Principal**

School Principal Name:
School Principal Email:

**-Administrator Responsible for the Program** *(e.g.: Business Administrator, Certifier or Alternate Certifier designated in SNEARS; The person listed below should be responsible for signing School Food Authority, SFA, documents.)*

Administrator Name:
Administrator Email:

**NEW JERSEY APPLICATION WORKSHEET FOR  
THE FRESH FRUIT AND VEGETABLE PROGRAM  
2023 – 2024**

**FFVP QUESTIONNAIRE**

Include responses to the following questions. **The information provided should be tailored to the specific school applying for the program. SUBMIT ONE APPLICATION PER SCHOOL. ALL QUESTIONS MUST BE ANSWERED or APPLICATION WILL BE ELIMINATED.**

**Note: If selected, you are expected to follow the answers your school lists in the plan below. Deviations from the proposal, once awarded, require pre-approval.**

**A. Service of Fresh Fruits and Vegetables**

1. Where will fresh fruits and vegetables be served? *(check all that apply):*

- Classrooms (served by teachers)
- Cafeteria (note: FFVP may not be served during meal periods)
- Hallways (tables, carts, stands, kiosks, etc.)
- No-Charge Vending Machines
- Other (describe):

2. How will fresh fruits and vegetables be obtained/prepared? *(check all that apply):*

- Pre-Packaged, individual portions
- Bulk, prepared by staff or volunteers
- Bulk Pre-Cut, distributed by staff or volunteers
- Other (describe):

3. What time during the day do you plan to serve the fruits/vegetables? *(check all that apply)*

- Early Morning
- Late Morning
- After Lunch
- Late Afternoon before school ends (Students cannot take produce home with them.)
- Other (describe):

4. How will you deliver or distribute fruits/vegetables? *(check all that apply)*

- Basket/Container/Bag
- Salad Bar/Kiosk/Produce Cart
- Carts
- Vending Machine
- Other (describe):

5. Who will deliver or distribute fruits and vegetables? *(check all that apply)*

- Students
- Food Service Staff
- Teachers/Teachers' Aides
- Volunteers/Parents
- Other (describe):

6. How many days per week do you plan to serve the fruits/vegetables to all students?

***(Program must be offered a minimum of 2 times/week to all students.)***

- 2 days
- 3 days
- 4-5 days
- Other (describe):

7. How will the leftover fruits/vegetables be handled? *(check all that apply)*

***(Orders should be planned to minimize leftovers.)***

- Seconds will be offered to students.
- Will send to soup kitchen or community food bank.
- Will send to nurse's office.
- Will use in school meal programs.
- Other (describe):

## **B. Utilization of Locally Grown Produce**

8. NJDA will be providing **additional funds** to schools that are willing to use locally grown fruits and vegetables in their FFVP program.

**Schools MUST provide the following:**

- **Jersey Fresh Produce** to students a minimum of 12 days per year.
- **Verification of location** of locally grown produce being purchased.  
(e.g., Farm locations printed on invoices, Summary of farm locations by vendor)
- **Documentation of purchases** to state upon request.
- **Staff to work with Farm to School** State or Network representative

**Note:** FFVP Coordinator will visit these sites during the school year.  
(If school is noncompliant during review process, the additional funding will be withdrawn.)

**Is your school willing to comply with requirements listed above?**

**(Replying "No" to this question will not affect your opportunity to be awarded this grant.)**

YES

NO

**C. Communication & Promotion of Fruits and Vegetables**

**9.** How will the FFVP be promoted to students? *(check all that apply)*

- Teachers' Classroom Lessons
- Morning Announcements
- Incorporation into Existing Curriculum
- Other (describe):

**10.** How will the FFVP be promoted to families? *(check all that apply)*

- School Newsletters
- School Websites
- School Local TV
- Parent Teacher Conferences
- PTA/PTO Meetings
- Social Media (Facebook, Twitter, Instagram, etc.)
- Other (describe):

**D. Partnerships and Nutrition Education Activities**

**NOTE: FFVP funds cannot be used for nutrition education.**

**11.** Select the partnerships your school has established or contacted to provide resources to support and implement the FFVP: *(check all that apply)*

- None
- PTA/PTO
- Health Department or Agency

Rutgers' Cooperative Extension; SNAP-Ed  
Local Chef  
Local Farm  
Culinary Schools (vocational schools, county colleges, etc.)  
Other (describe):

12. Who will provide nutrition education to support the FFVP program? *(check all that apply)*

Teachers  
Food Service Director or Dietitian  
Volunteers  
School Nurse/Health Teachers  
Rutgers/SNAP-Ed  
Other (describe):

### **E. Labor**

13. If labor will be necessary to implement the FFVP, who will be used to staff these hours?  
*(check all that apply)*

No Labor amount will be claimed in reimbursements.  
Food Service Staff  
School Nurse  
Teachers/Teachers' Aides  
Volunteers/Parents  
Other (describe):

We, the School Principal, Food Service Director, and Administrator responsible for the program (The "Administrator Responsible for the Program" should be responsible for signing School Food Authority, SFA, documents. Examples of this person are the Business Administrator/Manager, Superintendent, Certifier or Alternate Certifier in SNEARS.) certify that we have reviewed this application and attest to the information provided. If selected, we agree to implement the program as outlined in the questionnaire and to execute the project in a manner consistent with the policies and procedures established by USDA and New Jersey Department of Agriculture (NJDA). Further, we agree to participate in any federal or state sponsored evaluations and to provide the information requested by specified deadlines. **If chosen as a Fresh Fruit and Vegetable School, we will provide free fresh fruits and vegetables to all students, throughout the school year, frequently enough to use all of the designated funds.**

## USDA Non-Discrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at [202-720-2600](tel:202-720-2600) (voice and TTY) or contact USDA through the Federal Relay Service at [800-877-8339](tel:800-877-8339).

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling [866-632-9992](tel:866-632-9992), or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

(1) **mail:**

U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or

(2) **fax:**

[833-256-1665](tel:833-256-1665) or [202-690-7442](tel:202-690-7442); or

(3) **email:**

[program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.